

BETH C. DRAIN, CA CSR NO. 7152

BEFORE THE
INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE AND THE
APPLICATION REVIEW SUBCOMMITTEE TO THE
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE
ORGANIZED PURSUANT TO THE
CALIFORNIA STEM CELL RESEARCH AND CURES ACT
EMERGENCY MEETING

LOCATION: VIA ZOOM HOSTED BY CIRM

DATE: APRIL 24, 2020
11 A.M.

REPORTER: BETH C. DRAIN, CA CSR
CSR. NO. 7152

FILE NO.: 2020-08

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I N D E X

ITEM DESCRIPTION	PAGE NO.
OPEN SESSION:	
1. CALL TO ORDER.	3
2. ROLL CALL.	3
ACTION ITEMS:	
3. CONSIDERATION OF EXISTENCE OF EMERGENCY SITUATION. "EMERGENCY SITUATION" MEANS ANY OF THE FOLLOWING, AS DETERMINED BY A MAJORITY OF THE MEMBERS OF THE INDEPENDENT CITIZENS OVERSIGHT COMMITTEE: (A) WORK STOPPAGE OR OTHER ACTIVITY THAT SEVERELY IMPAIRS PUBLIC HEALTH OR SAFETY, OR BOTH. (B) CRIPPLING DISASTER THAT SEVERELY IMPAIRS PUBLIC HEALTH OR SAFETY, OR BOTH.	5
4. CONSIDERATION OF APPLICATIONS SUBMITTED IN RESPONSE TO SPECIAL CALL FOR COVID-19 PROJECTS.	7
5. CLOSED SESSION:	NONE
DISCUSSION OF CONFIDENTIAL INTELLECTUAL PROPERTY OR WORK PRODUCT, PREPUBLICATION DATA, FINANCIAL INFORMATION, CONFIDENTIAL SCIENTIFIC RESEARCH OR DATA, AND OTHER PROPRIETARY INFORMATION RELATING TO APPLICATIONS SUBMITTED IN RESPONSE TO AGENDA ITEM "4" ABOVE. (HEALTH & SAFETY CODE 125290.30(F)(3)(B) AND (C)).	
DISCUSSION ITEMS:	
6. PUBLIC COMMENT.	NONE
7. ADJOURNMENT.	32

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APRIL 24, 2020; 11 A.M.

CHAIRMAN THOMAS: WANT TO CALL THE EMERGENCY MEETING OF THE ICOC AND APPLICATION REVIEW SUBCOMMITTEE FOR APRIL 24TH TO ORDER. HOPE EVERYBODY CONTINUES TO BE STAYING SAFE AND HEALTHY IN THIS UNSETTLING TIME.

JUST TO RECAP, THIS IS THE THIRD IN THE SERIES OF EMERGENCY MEETINGS THAT WE HAVE HAD DEALING WITH THE COVID CRISIS. FIRST WAS MARCH 27TH WHERE WE DETERMINED WE WANTED TO DO A FUNDING ROUND, THE SECOND ON APRIL 10TH WHERE WE DISCUSSED THE TOPIC OF CONVALESCENT PLASMA AND VITAL RESEARCH OPPORTUNITY, AND THEN THIRD --

HI, DAVID. THAT'S AN EXCELLENT LOOKING FRIEND YOU HAVE IN YOUR LAP THERE.

MS. BONNEVILLE: AND ZELDA IS WITH LAUREN. SO I THINK IT WAS BRING YOUR DOG TO THE BOARD MEETING DAY, WHICH I LOVE IT. I ENCOURAGE.

CHAIRMAN THOMAS: EXCELLENT. WELL, HAVING SAID THAT, WHY DON'T WE SEGUE. MARIA, WILL YOU PLEASE CALL THE ROLL.

MS. BONNEVILLE: ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MS. BONNEVILLE: YSABEL DURON.

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1 MS. DURON: HERE.
2 MS. BONNEVILLE: DAVID HIGGINS.
3 DR. HIGGINS: HERE.
4 MS. BONNEVILLE: STEPHEN JUELSGAARD.
5 MR. JUELSGAARD: HERE.
6 MS. BONNEVILLE: DAVE MARTIN.
7 DR. MARTIN: (NO SOUND.) HERE.
8 MS. BONNEVILLE: LAUREN MILLER.
9 MS. MILLER: HERE.
10 MS. BONNEVILLE: ADRIANA PADILLA.
11 DR. PADILLA: HERE.
12 MS. BONNEVILLE: JOE PANETTA.
13 MR. PANETTA: HERE.
14 MS. BONNEVILLE: FRANCISCO PRIETO. ROBERT
15 QUINT.
16 DR. QUINT: HERE.
17 MS. BONNEVILLE: AL ROWLETT.
18 MR. ROWLETT: HERE.
19 MS. BONNEVILLE: JEFF SHEEHY.
20 MR. SHEEHY: HERE.
21 MS. BONNEVILLE: OSWALD STEWARD.
22 DR. STEWARD: HERE.
23 MS. BONNEVILLE: JONATHAN THOMAS.
24 CHAIRMAN THOMAS: HERE.
25 MS. BONNEVILLE: ART TORRES.

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1 MR. TORRES: HERE.

2 MS. BONNEVILLE: DIANE WINOKUR.

3 (COMMENTS OFF THE RECORD RE AUDIO.)

4 CHAIRMAN THOMAS: THANK YOU, MARIA. SO AT
5 THIS OUR THIRD MEETING, WE'RE GOING TO BE TAKING UP
6 THE FIRST ROUND OF PROJECTS. BEFORE I TURN THE
7 MEETING OVER TO JEFF TO RUN THE APPLICATION REVIEW
8 SUBCOMMITTEE PROGRAMMATIC REVIEW, WE JUST HAVE A
9 HOUSEKEEPING ITEM WE HAVE HAD AT EACH OF THE LAST
10 TWO, WHICH IS AN ACTION ITEM WHICH READS,
11 "CONSIDERATION OF EXISTENCE OF EMERGENCY SITUATION.
12 EMERGENCY SITUATION MEANS ANY OF THE FOLLOWING AS
13 DETERMINED BY A MAJORITY OF THE MEMBERS OF
14 INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE: A) WORK
15 STOPPAGE OR OTHER ACTIVITY THAT SEVERELY IMPAIRS
16 PUBLIC HEALTH OR SAFETY OR BOTH; AND B) CRIPPLING
17 DISASTER THAT SEVERELY IMPAIRS PUBLIC HEALTH OR
18 SAFETY OR BOTH."

19 DO I HEAR A MOTION TO ADOPT THIS ITEM?

20 MR. SHEEHY: SO MOVED.

21 DR. HIGGINS: I'LL SECOND IT.

22 CHAIRMAN THOMAS: THANK YOU, DAVID. ANY
23 DISCUSSION BY MEMBERS OF THE BOARD ON THIS TOPIC?
24 HEARING NONE, ANY COMMENTS BY MEMBERS OF THE PUBLIC
25 ON THIS TOPIC? HEARING NONE, MARIA, WILL YOU PLEASE

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1 CALL THE ROLL.
2 MS. BONNEVILLE: ANNE-MARIE DULIEGE.
3 DR. DULIEGE: YES.
4 MS. BONNEVILLE: YSABEL DURON.
5 MS. DURON: YES.
6 MS. BONNEVILLE: DAVID HIGGINS.
7 DR. HIGGINS: YES.
8 MS. BONNEVILLE: STEPHEN JUELSGAARD.
9 MR. JUELSGAARD: YES.
10 MS. BONNEVILLE: DAVE MARTIN.
11 DR. MARTIN: (NO SOUND.) YES.
12 MS. BONNEVILLE: LAUREN MILLER.
13 MS. MILLER: YES.
14 MS. BONNEVILLE: ADRIANA PADILLA.
15 DR. PADILLA: YES.
16 MS. BONNEVILLE: JOE PANETTA.
17 MR. PANETTA: YES.
18 MS. BONNEVILLE: FRANCISCO PRIETO. ROBERT
19 QUINT.
20 DR. QUINT: YES.
21 MS. BONNEVILLE: AL ROWLETT.
22 MR. ROWLETT: YES.
23 MS. BONNEVILLE: JEFF SHEEHY.
24 MR. SHEEHY: YES.
25 MS. BONNEVILLE: OSWALD STEWARD.

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1 DR. STEWARD: YES.
2 MS. BONNEVILLE: JONATHAN THOMAS.
3 CHAIRMAN THOMAS: YES.
4 MS. BONNEVILLE: ART TORRES.
5 MR. TORRES: AYE.
6 MS. BONNEVILLE: MOTION CARRIES.
7 CHAIRMAN THOMAS: THANK YOU, MARIA. I'LL
8 PROCEED TO ITEM 4 AND TURN THE MEETING OVER TO MR.
9 SHEEHY.
10 MR. SHEEHY: THANK YOU, CHAIRMAN THOMAS.
11 SO I THINK, DR. SAMBRANO, ARE YOU THE ONE WHO'S
12 GOING TO TAKE US THROUGH THE SLIDES AND THE
13 PRESENTATION ON THE REVIEW?
14 DR. SAMBRANO: YES, THAT'S ME.
15 MR. SHEEHY: TURN IT OVER TO YOU SO WE CAN
16 SEE THE RESULTS OF THE REVIEW.
17 DR. SAMBRANO: DOUG, ARE YOU GOING TO PUT
18 UP THE PRESENTATION OR SHOULD I?
19 MR. GUILLEN: I'LL PUT IT UP RIGHT NOW.
20 DR. SAMBRANO: THANK YOU. GO AHEAD TO THE
21 NEXT SLIDE.
22 SO GOOD MORNING, EVERYONE. WE ARE MEETING
23 AGAIN REGARDING THE COVID-19 PROGRAM, AND NOW WE ARE
24 BRINGING FOR YOUR CONSIDERATION RECOMMENDATIONS OF
25 THE GRANTS WORKING GROUP FOR APPLICATIONS THAT CAME

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1 IN IN RESPONSE TO THIS PROGRAM.

2 JUST AS A REMINDER, WE LAUNCHED THIS A
3 MONTH GO, AND THE GOAL WAS TO SUPPORT PROJECTS THAT
4 SPAN FROM DISCOVERY THROUGH CLINICAL STAGE. AND WE
5 ARE UTILIZING OUR ESTABLISHED PARTNERING
6 OPPORTUNITIES WITHIN THOSE PROGRAMS, THE DISC2, THE
7 TRAN1, CLIN1 AND CLIN2, TO FACILITATE THE
8 APPLICATION REVIEW AND FUNDING PROCESS. AS YOU WILL
9 RECALL, THE BOARD SET ASIDE \$5 MILLION IN SUPPORT OF
10 THE PROGRAM.

11 ANYWAY, ON THE NEXT SLIDE THERE'S A TABLE
12 THAT BASICALLY SUMMARIZES THE OVERALL PROGRAM. AND
13 JUST AGAIN, THIS IS A REMINDER OF THE FOUR DIFFERENT
14 TYPES OF PROGRAMS THAT ONE CAN APPLY FOR. AT THE
15 VERY TOP, STARTING WITH THE CLINICAL TRIAL OR
16 CLINICAL STUDIES THAT PROVIDE AN AMOUNT OF UP TO
17 750,000 WITH AN AWARD DURATION OF 24 MONTHS ALL THE
18 WAY DOWN TO DISCOVERY WHICH PROVIDES UP TO 150,000
19 FOR UP TO 12 MONTHS. BUT FOR ALL OF THESE, WE ARE
20 ALSO HAVING A REQUIREMENT, BECAUSE OF THE URGENCY OF
21 THIS PROGRAM, THAT ALL PROJECTS MUST PROPOSE TO
22 ACHIEVE A CLEAR DELIVERABLE WITHIN SIX MONTHS.

23 AND SO THIS IS REALLY A BIT OF A HIGHER
24 BAR THAN OUR TYPICAL PROGRAMS IN THAT WE REALLY ARE
25 LOOKING FOR PROJECTS THAT ARE READY TO GO AND ARE

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1 READY TO DELIVER SOMETHING QUICKLY. SO THE
2 SIX-MONTH GOAL FOR EACH OF THESE, FOR EXAMPLE, WITH
3 THE CLIN2, IS WE EXPECT THAT THE PROJECTS WILL
4 INITIATE ENROLLMENT AND BEGIN DATA COLLECTION. FOR
5 A CLIN1, THAT THEIR IND FILING WILL OCCUR AT THAT
6 TIME POINT, FOR TRAN1 THAT THEIR PRE-IND OR
7 EQUIVALENT INTERACTION WITH THE FDA OCCURS, AND FOR
8 THE DISCOVERY ONES, THAT THEY HAVE DATA WITH THE
9 VIABLE CANDIDATE THAT COULD PROGRESS QUICKLY TO THE
10 CLINIC.

11 AS YOU RECALL, TWO WEEKS AGO THE BOARD
12 ALSO ALLOWED AN INCREASE TO THE PROGRAM SCOPE TO
13 ALLOW CONSIDERATION OF INVESTIGATIONAL STUDIES WITH
14 CONVALESCENT PLASMA. WE NORMALLY DON'T FUND
15 PROJECTS THAT ARE NOT STEM-CELL BASED. BECAUSE THIS
16 IS NOT A STEM-CELL BASED TYPE OF PROJECT, WE HAVE TO
17 CONSIDER WHETHER THIS REPRESENTS A VITAL RESEARCH
18 OPPORTUNITY IN ORDER TO FUND IT. SO ALTHOUGH WE ARE
19 ALLOWING THEM, THE GRANTS WORKING GROUP, AS WELL AS
20 THE BOARD, CONSIDERS WHETHER SUCH PROJECTS REPRESENT
21 A VITAL RESEARCH OPPORTUNITY. AND I'LL TELL YOU A
22 LITTLE BIT MORE ABOUT THAT.

23 ONE OF THE OTHER REQUIREMENTS THAT WAS SET
24 BY THE BOARD WAS THAT THE PROPOSALS THAT USE
25 CONVALESCENT PLASMA MUST ALSO HAVE A PLAN WITHIN THE

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1 APPLICATION FOR OUTREACH AND STUDY PARTICIPATION BY
2 UNDERSERVED AND DISPROPORTIONATELY AFFECTED
3 POPULATIONS, AND THAT WE WOULD GIVE PRIORITY TO
4 PROJECTS WITH THE HIGHEST QUALITY PLANS IN THAT
5 REGARD. THE BOARD ALSO ALLOWED THE USE OF EMERGENCY
6 IND'S AS PART OF THE PROPOSALS.

7 SO WITH THAT AS BACKGROUND, WE RECEIVED A
8 TOTAL OF 19 APPLICATIONS THAT WERE SUBMITTED.
9 ULTIMATELY 12 WERE ELIGIBLE AND WERE REVIEWED BY THE
10 GRANTS WORKING GROUP. AND SO OF THOSE, THERE WERE
11 THREE THAT SCORED BETWEEN 85 AND A HUNDRED AND,
12 THUS, WERE RECOMMENDED BY THE GRANTS WORKING GROUP.
13 AND THE TOTAL AMOUNT REQUESTED FROM THOSE THREE
14 APPLICATIONS IS JUST OVER A MILLION DOLLARS, AND WE
15 HAVE FIVE MILLION AVAILABLE FOR THOSE.

16 ON THE NEXT SLIDE, IT IS JUST A BRIEF
17 OUTLINE OF THE THREE PROPOSALS THAT WERE
18 RECOMMENDED. THERE IS ONE CLINICAL STUDY, CLIN2
19 PROJECT, RELATED TO CONVALESCENT PLASMA, AND THERE
20 ARE TWO DISCOVERY PROJECTS THAT ARE RECOMMENDED.

21 AND, MR. SHEEHY, I CAN GO THROUGH EACH OF
22 THESE, OR I CAN GO THROUGH ALL OF THEM AND THEN HAVE
23 DISCUSSION, HOWEVER YOU'D LIKE ME TO PROCEED.

24 MR. SHEEHY: MAYBE IF YOU COULD GO BRIEFLY
25 THROUGH THESE.

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1 DR. SAMBRANO: OKAY. SO THE FIRST ONE IS
2 APPLICATION 11775, AND SO THIS IS THE CLIN2. IT'S A
3 CLINICAL OBSERVATION STUDY THAT IS RELATED TO
4 CONVALESCENT PLASMA. AND THE GOALS OF THIS PROJECT
5 ARE THREEFOLD: FIRST IS TO DEVELOP A SCREENING
6 PROGRAM IN CALIFORNIA TO IDENTIFY POTENTIAL COVID
7 CONVALESCENT PLASMA DONORS; SECONDLY, TO
8 CHARACTERIZE THE TITER AND NEUTRALIZING PROPERTIES
9 OF ANTI-SARS-COV2 ANTIBODIES WITHIN THE PLASMA; AND
10 THEN, FINALLY, TO CONDUCT A PROSPECTIVE ANALYSIS IN
11 THE PLASMA RECIPIENTS BASED ON THE CLINICAL COURSE
12 OF THE DISEASE AND THE CONVALESCENT PLASMA
13 IMMUNOGENIC PROFILE.

14 AND SO THIS APPLICATION, AS MENTIONED, IS
15 ONE THAT REQUIRES A VITAL RESEARCH OPPORTUNITY VOTE
16 BY THE GRANTS WORKING GROUP. SO THE VOTE, IN ORDER
17 TO PASS, REQUIRES A TWO-THIRDS MAJORITY BY THE GWG.
18 SO THIS PASSED WITH 15 MEMBERS VOTING YES, FOUR
19 MEMBERS VOTING NO, AND ONE ABSTENTION.

20 THE APPLICATION RECEIVED A SCORE OF 85
21 WITH 11 SCIENTIFIC MEMBERS SCORING IN THE FUNDABLE
22 RANGE AND FOUR BELOW IT. THE APPLICATION, IN
23 GENERAL, WAS THOUGHT TO BE A STRONG APPLICATION WITH
24 A GREAT TEAM.

25 THERE WERE SOME CONCERNS THAT WERE BROUGHT

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1 UP RELATED TO THE OVERALL PROGRAM AND THE CLINICAL
2 TRIAL OUTCOMES, THINGS SUCH AS DETAILS OF THE POWER
3 CALCULATION, THE DOSE AND VOLUME THAT IS REQUIRED TO
4 MONITOR AS PART OF THE PROGRAM TO ENSURE THAT A
5 CORRELATION BETWEEN THE ANTIBODY NEUTRALIZING
6 ABILITY AND THE PLASMA ITSELF CAN BE MADE.

7 SO THERE WERE SEVERAL SUGGESTIONS RELATED
8 TO THAT THAT ARE OUTLINED IN THE SUMMARY. AND I
9 ALSO WANT TO MENTION ONE OF THE OTHER THINGS THAT
10 WAS NOT PRESENT IN THE COMMENTS SPECIFICALLY, BUT
11 THAT WAS MENTIONED BY SOME REVIEWERS, RELATED TO THE
12 PLAN FOR OUTREACH TO UNDERSERVED COMMUNITIES. SO
13 ALTHOUGH THERE WAS MENTION OF IT, IT WAS NOT
14 EXPANDED ON IN THE APPLICATION. I THINK THERE WAS A
15 DESIRE TO HAVE THAT MORE FULLY EXPLAINED BY THE
16 APPLICANT. SO THAT'S A SUMMARY OF THAT PROPOSAL.

17 I CAN STOP FOR QUESTIONS ON THIS BEFORE I
18 GO ON TO THE NEXT ONE. OKAY.

19 SO THE NEXT PROPOSAL IS A DISCOVERY, WHICH
20 IS 11817. SO THIS IS A PROPOSAL THAT PLANS TO USE A
21 STEM-CELL BASED PLATFORM TO BOTH IDENTIFY T-CELL
22 EPITOPES FOR THE SARS-COV-2 VIRUS AND ALSO IDENTIFY
23 T-CELL RECEPTORS THAT RECOGNIZE THOSE SEQUENCES.

24 SO ULTIMATELY WHAT THIS PROJECT HOPES TO
25 ACCOMPLISH IS TO IDENTIFY THOSE EPITOPES THAT CAN BE

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1 USED FOR VACCINE DEVELOPMENT, SO IT HAS THE
2 POTENTIAL TO HELP IN THAT, AS WELL AS IDENTIFY
3 T-CELL RECEPTORS THAT CAN BE USED FOR ADOPTIVE
4 T-CELL THERAPIES. SO IT HAS THE POTENTIAL BOTH FOR
5 DEVELOPING A VACCINE AS WELL AS CANDIDATES FOR
6 T-CELL THERAPIES. IT ALSO WOULD DEVELOP THE ASSAY
7 AND VALIDATE THE ASSAY FOR ADDITIONAL SCREENING OF
8 DIFFERENT PROTEINS WITHIN THE SARS-COV-2 VIRUS.

9 SO THIS PROPOSAL RECEIVED THE HIGHEST
10 SCORE OF 95 WITH ALL MEMBERS VOTING WITHIN THE
11 FUNDABLE RANGE. THIS APPLICATION HAD VERY LITTLE IN
12 TERMS OF WEAKNESSES AND NO COMMENTS WERE MADE IN
13 TERMS OF THINGS THAT SHOULD NECESSARILY BE IMPROVED.
14 I THINK REVIEWERS FELT THAT THIS WAS A VERY STRONG
15 APPLICATION.

16 OKAY. AND THEN THE LAST ONE IS
17 APPLICATION 11764, AND THIS IS A PROJECT THAT WOULD
18 CONDUCT A HIGH THROUGHPUT SCREEN USING LUNG STEM
19 CELL ORGANOID FOR COMPOUNDS THAT WOULD BE ABLE TO
20 EITHER STOP -- BOTH STOP PROLIFERATION OF THE VIRUS
21 IN THE LUNG ORGANOID MODEL AS WELL AS REDUCE THE
22 CELL DEATH OF THE LUNG CELLS.

23 AND SO THIS PROJECT RECEIVED A SCORE OF
24 85. THERE WERE 11 MEMBERS THAT SCORED IN THE
25 FUNDABLE RANGE AND FOUR THAT SCORED BELOW THAT.

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1 THIS PROJECT, AGAIN, WAS ALSO, I THINK, VERY WELL
2 RECEIVED, HAD MANY STRENGTHS TO IT. THERE WERE TWO
3 CONCERNS. ONE WAS THAT IT WAS UNCLEAR THAT THE
4 ORGANOID CAN BE INFECTED WITH THE VIRUS OR EVEN
5 INHIBIT INFECTION. SO THIS MODEL HASN'T BEEN
6 VALIDATED YET WITH THE VIRUS. SO THERE WAS A
7 CONCERN THAT THAT MIGHT BE A PROBLEM. AND SOME
8 LIMITATIONS IN THE SCREENING.

9 SO THE SCREENING THAT THEY'RE DOING IS ON
10 ABOUT 2000 COMPOUNDS THAT ARE ALREADY FDA APPROVED
11 AND MAY HAVE EXPIRED PATENTS. SO THERE'S AN
12 ADVANTAGE TO DOING THAT, BUT IT MAY ALSO BE
13 LIMITING. SO THERE WAS SOME SUGGESTION THAT THE
14 SCREENING EITHER COULD BE EXPANDED OR A RATIONALE
15 FOR WHICH DRUGS ARE USED IN THE SCREEN MIGHT BE
16 RECONSIDERED. SO THAT'S THE FINAL PROJECT. MR.
17 SHEEHY.

18 MR. SHEEHY: THANK YOU, DR. SAMBRANO.
19 UNLESS THERE'S ANY QUESTIONS, I THINK I WOULD
20 PROCEED TO A MOTION TO NOT RECOMMEND FOR FUNDING ALL
21 OF THE APPLICATIONS THAT SCORED OUTSIDE OF THE
22 FUNDABILITY RANGE. SO IF SOMEONE WOULD LIKE TO MAKE
23 THAT MOTION.

24 MR. TORRES: SO MOVED.

25 MR. SHEEHY: DO I HAVE A SECOND?

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1 DR. HIGGINS: SECOND.

2 MR. SHEEHY: MOTION BY SENATOR TORRES.
3 THE SECOND IS BY DAVID IS THERE ANY BOARD COMMENT ON
4 THE MOTION OR QUESTIONS? CAN WE GET PUBLIC COMMENT
5 IF THERE IS ANY? SO I SEE TWO HANDS RAISED. SO
6 MAYBE WE COULD TAKE THE 310825 FIRST. PLEASE STATE
7 YOUR NAME.

8 DR. ARUMUGASWAMI: I AM DR. ARUMUGASWAMI
9 FROM UCLA. THANK YOU FOR THE OPPORTUNITY TO COMMENT
10 ON OUR PLAN APPLICATION 11793, COVID-19 ANTIVIRAL
11 THERAPY TO BLOCK LUNG STEM CELL INJURY AND OTHER
12 TISSUE DAMAGE. WE NEED TO URGENTLY DEVELOP A
13 THERAPY FOR COVID-19 AS IT IS CONTINUING TO INFECT
14 PEOPLE GLOBALLY AND NOT GOING AWAY.

15 AFTER INFECTION THE SARS-COV-2 TAKES OVER
16 THE CELL'S MISSION AND ESTABLISHES ACTIVE INFECTION,
17 LEADING TO CELL INJURY AND ALSO FATAL OUTCOME. OUR
18 SCREEN IDENTIFIED A (UNINTELLIGIBLE) AND A COVID-19
19 CANDIDATE WHICH IS ALREADY IN SEVERAL PHASE 2
20 CLINICAL TRIALS TO LOW SIDE EFFECT PROFILE, WHICH
21 COULD BE EASILY REPURPOSED. WE FOUND THAT
22 SARS-COV-2 TURNS ON A DNA REPAIR PATHWAY, THE
23 INFECTED HUMAN EPITHELIAL CULTURE. AND OUR DRUG
24 BERZOSERTIB IS INHIBITOR OF THIS PATHWAY TO
25 SOMETHING IN SHUTTING DOWN OUR PRIOR PUBLICATION AND

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1 RESCUING THE CELLS FROM VITAL INJURY.

2 OUR SCORE WAS LOWERED BECAUSE REVIEWERS
3 ASKED FOR ANIMAL MODELS, BUT WE DON'T EVEN KNOW IF
4 ANIMAL INFECTIONS REPLICATES THE HUMAN DISEASE.

5 AND, FINALLY, HUMAN LUNG STEM CELL
6 ORGANOID MODELS PROPOSED IS MUCH MORE LIKE PATIENT
7 LUNG TISSUE AND A BETTER STUDY OF EFFICACY.
8 RECENTLY BOTH EMPIRICAL AND EXPERIMENTAL DRUG
9 CANDIDATES IN CLINICAL TRIALS HAVE NOT SHOWN
10 EXPECTED BENEFIT; THUS, WE NEED TO ACTIVELY FIND NEW
11 CLASSES OF DRUG CANDIDATES.

12 SO WE REQUEST THE COMMITTEE TO SUPPORT
13 THIS CRITICAL AND TIMELY COVID-19 DRUG STUDY WHICH
14 CAN HELP SAVING THOUSANDS OF LIVES. THANKS AGAIN.

15 MR. SHEEHY: THANK YOU.

16 AND THEN I ALSO HAVE A HAND RAISED FOR A
17 NUMBER BEGINNING 650079. THAT INDIVIDUAL WOULD LIKE
18 TO --

19 MS. BONNEVILLE: YOU SEE THAT ONE, DOUG?
20 I THINK DOUG HAS TO UNMUTE THE PERSON. I'M NOT
21 SURE.

22 MR. SHEEHY: I THINK THE --

23 MS. BONNEVILLE: THE 7964063.

24 MR. SHEEHY: YEAH. IT STARTS WITH 650.

25 DR. WONG: HELLO.

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1 MR. SHEEHY: PLEASE PROCEED. YOU HAVE
2 THREE MINUTES.

3 DR. WONG: THANK YOU, GREAT. I'M ALBERT
4 WONG. I'M AT STANFORD UNIVERSITY. I'M THE PI OF
5 THE RATIONAL DESIGN FOR A SARS-COV-2 VACCINE, NO.
6 11724.

7 AS DR. SAMBRANO MENTIONED DELIVERABLES,
8 OUR DELIVERABLE IS A VIABLE VACCINE CANDIDATE. I
9 JUST WANT TO START BY SAYING THAT OF ALL THE
10 RESEARCH ACTIVITY THAT'S GOING ON DEVELOPING A
11 VACCINE, IT'S PROBABLY THE MOST URGENT ISSUE. ALL
12 THE HEALTH AND ECONOMIC PROBLEMS SIMPLY GO AWAY IF
13 WE HAD AN EFFECTIVE VACCINE AGAINST SARS-COV-2.

14 AND ON BACKGROUND IN THIS AREA, WE
15 DEVELOPED A VACCINE TO TREAT GLIOBLASTOMA GENERALLY
16 SUPPORTED BY A TRAN1 AWARD FROM CIRM. I'M REALLY
17 HAPPY TO SAY THAT WE WOULD NOT HAVE GOTTEN AS FAR
18 AND AS QUICKLY AS WE HAVE WITHOUT THAT SUPPORT, AND
19 WE ALONG THE WAY MADE PRETTY MAJOR ADVANCES IN
20 DESIGNING VACCINES NOW.

21 WHEN WE SAW THE PRESS RELEASE AND THE
22 REQUEST FOR PROPOSALS THAT CAME OUT, IT WAS ALL
23 HANDS ON DECK, ALL SCIENTISTS AND CLINICIANS SHOULD
24 COME TOGETHER TO TRY TO FIGHT THE PANDEMIC. AND SO
25 DESPITE NOT WORKING ON VIRUSES PER SE, WE FELT

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1 REALLY COMPELLED TO WORK ON A COVID-19 VACCINE
2 BECAUSE OF OUR INSIGHT FROM GLIOBLASTOMA VACCINE.
3 NOW, THE PROBLEM IS PRETTY MUCH MOST OF
4 THE GROUPS ARE NOT GOING TO HAVE A LOT OF
5 PRELIMINARY DATA ON COVID-19 BECAUSE IT IS SO NEW.
6 IN FACT, THAT THE REPORT THAT WE NEEDED TO HAVE THE
7 DATA TO MOVE FORWARD DIDN'T COME OUT UNTIL THE END
8 OF JANUARY. ALL REVIEWERS MENTIONED THAT WE DON'T
9 HAVE ENOUGH PRELIMINARY DATA ON THE VIRUS. WE
10 ACTUALLY HAVE AN ENORMOUS AMOUNT OF PRELIMINARY DATA
11 FROM OUR GLIOBLASTOMA VACCINE, BUT JUST A SMALL
12 AMOUNT OF THAT VIRAL DATA THAT WE'RE WORKING TO
13 EXPAND NOW.

14 I WOULD SAY IT'S MUCH HARDER TO MAKE AN
15 ANTICANCER VACCINE THAN AN ANTIVIRAL VACCINE BECAUSE
16 BASICALLY WE'RE TRYING TO TAKE A NORMAL PROTEIN AND
17 MADE IT LOOK FOREIGN. SO THAT'S WHY I'M OPTIMISTIC
18 ABOUT OUR VACCINE DEVELOPMENT BECAUSE WE BELIEVE WE
19 CAN MAKE THE VIRUS, WHICH IS ALREADY FOREIGN, LOOK
20 EVEN MORE IMMUNOGENIC.

21 NOW, IT'S NOT UNUSUAL FOR A REVIEW
22 COMMITTEE TO ASK FOR MORE DATA. AND WE ARE GOING TO
23 REAPPLY WITH OUR NEW DATA. BUT IN CLOSING, WHAT I'D
24 LIKE TO MENTION TO THE ICOC IS THAT SOME OF THE MOST
25 INTERESTING WORK THAT IS GOING TO BE ENCOUNTERED IS

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1 NOT GOING TO HAVE A LOT OF SARS-COV-2 OR COVID-19
2 DATA. AND PERHAPS TO PASS THE WORD ON TO THE GWG
3 THAT THEY SHOULD TAKE THIS INTO ACCOUNT IN REVIEWING
4 APPLICATIONS.

5 SO I'D JUST LIKE TO MENTION THAT, BUT I
6 REALLY DO THAT THINK THAT WE CAN DO SOMETHING VERY
7 IMPORTANT HERE. I HOPE THAT WE CAN BREAK AWAY SOME
8 OF THIS NORM OF CONSTANTLY ASKING APPLICANTS TO
9 REAPPLY WITH BETTER DATA BECAUSE THESE ARE
10 EXTRAORDINARY TIMES, AND WE HAVE TO HAVE A DIFFERENT
11 MINDSET IF WE'RE GOING TO SOLVE THIS VIRUS VERY
12 QUICKLY. THANK YOU.

13 MR. SHEEHY: THANK YOU. WE ALSO HAVE A
14 PUBLIC COMMENT THAT BEGINS 650. DOUG, HAVE YOU
15 IDENTIFIED THAT ONE?

16 MS. BONNEVILLE: I THINK IT'S THE 626
17 NUMBER.

18 MR. GUILLEN: 626 NUMBER.

19 MR. SHEEHY: I APOLOGIZE. 626.

20 MS. BONNEVILLE: 8935033, AND THEY ARE OFF
21 MUTE. SO THEY CAN SPEAK.

22 DR. ZAIA: THIS IS JOHN ZAIA FROM CITY OF
23 HOPE. CAN YOU HEAR ME?

24 SO I WANT THANK THE COMMITTEE FOR
25 CONSIDERING THIS. THERE WERE TWO MAJOR QUESTIONS

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1 THAT WERE RAISED BY THE REVIEWERS. REMEMBER, THIS
2 IS AN ATTEMPT TO BRING A SERVICE TO THE PHYSICIANS
3 IN CALIFORNIA WHO ARE SEEKING TO TREAT PATIENTS WITH
4 CONVALESCENT PLASMA. AND WE ARE LINKING A
5 SUPERSTRUCTURE WHICH IS THE NATIONAL PROGRAM THAT
6 LINKS BLOOD COLLECTION SITES AS WELL AS THE FDA TO
7 AN INFRASTRUCTURE WHICH IS BASED PRIMARILY THROUGH
8 THE ALPHA STEM CELL CLINICS TO REACH OUT INTO THE
9 UNDERSERVED AREAS.

10 SO ONE QUESTION WAS HOW DO WE GET TO THE
11 UNDERSERVED AREAS? AND WE DO HAVE ALREADY LET'S
12 CALL THEM FINGERS OUT INTO THE AREAS THROUGH THE
13 ALPHA STEM CELL CLINICS. AND I REFERRED TO THAT IN
14 A LETTER THAT I'VE SENT THAT HAS BEEN POSTED;
15 NAMELY, THROUGH TO THE U.C.I. ALPHA CLINIC, WE HAVE
16 CONNECTIONS WITH THE RIVERSIDE NATIVE AMERICAN
17 COMMUNITY. AND WE WILL BE WORKING THROUGH THAT TYPE
18 OF SYSTEM THROUGHOUT THE STATE OF CALIFORNIA USING
19 THE ALPHA STEM CELL CLINICS AS THE WAY TO GET TO THE
20 VARIOUS INDIAN HEALTH SERVICES.

21 THE SECOND THING THAT WAS RAISED IS WHAT
22 ABOUT STATISTICS? I ASSURE YOU YOU'RE GOING TO BE
23 ABLE TO LEARN MANY THINGS FROM THIS. AND WE
24 ACTUALLY DID DESCRIBE THE STATISTICS IN THE CLINICAL
25 TRIAL PROTOCOL. AND I HAVE REVIEWED THAT AGAIN WITH

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1 OUR STATISTICIAN. IF THERE ARE 250 TREATED
2 PATIENTS, THEN WE WILL HAVE SIGNIFICANCE IF THERE IS
3 IF EVEN ONE DAY DIFFERENCE BETWEEN A PATIENT THAT
4 GOT TREATED WITH HIGH ANTIBODIES VERSUS A PATIENT
5 THAT GOT TREATED WITH LOW ANTIBODIES OR SOME OTHER
6 CHARACTERISTICS OF THE ANTIBODY THAT WE ARE GOING TO
7 CHARACTERIZE, FOR EXAMPLE, NEUTRALIZING ANTIBODIES.

8 SO WE ARE CONVINCED THAT THE STATISTICS
9 WILL BE FOUND. OF COURSE, EVERY TRIAL DEPENDS UPON
10 GOOD ENROLLMENT AND GOOD COLLECTION OF DATA. AND WE
11 HAVE THAT -- WE BELIEVE THAT WE HAVE THAT IN EFFECT.
12 FOR EXAMPLE, ALREADY THERE ARE 154 PHYSICIANS IN
13 CALIFORNIA THAT WE'VE GOT REGISTERED WITH THE
14 NATIONAL STUDY. AND IF EACH ONE OF THOSE TREATS
15 ONLY TWO PATIENTS, WE WOULD HAVE WAY MORE NUMBER OF
16 PATIENTS THAN WE NEED.

17 WITH THAT, I THINK I'LL END, AND I THANK
18 YOU AGAIN FOR CONSIDERING OUR PROTOCOL, WHICH IS NO.
19 11775. THANK YOU.

20 MR. SHEEHY: THANK YOU, DR. ZAIA. JUST A
21 POINT, YOUR APPLICATION IS NOT THE SUBJECT OF THIS
22 MOTION, BUT WILL BE THE SUBJECT OF A FOLLOWING
23 MOTION.

24 DR. ZAIA: YOU CALLED MY PHONE NUMBER, SO
25 THAT'S WHY I SPOKE.

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1 MR. SHEEHY: THAT'S OKAY. NO PROBLEM,
2 JOHN. I APPRECIATE IT.

3 DO WE HAVE ANY OTHER PUBLIC COMMENT FOR
4 THE MOTION? SO IF NOT, THEN THE MOTION IS NOT TO
5 FUND ANY OF THE APPLICATIONS THAT FAILED TO SCORE
6 WITHIN THE FUNDABLE RANGE. CAN WE CALL THE ROLL FOR
7 THAT, PLEASE.

8 MS. DURON: EXCUSE ME. JUST FOR
9 CLARIFICATION FOR MY PURPOSES, BEING THE NEWBIE
10 HERE, IS THERE OPPORTUNITY FOR SOME OF THESE, I
11 THINK AS DR. WONG HAS SAID, THAT THEY WERE JUST
12 GETTING YOU MORE DATA THAT MIGHT CREATE A MORE
13 ROBUST APPLICATION AND THEY REAPPLY?

14 MR. SHEEHY: YES.

15 MS. DURON: SO WE DON'T WANT TO REALLY
16 ELIMINATE THE OPPORTUNITIES FOR PEOPLE TO HAVE SOME
17 REALLY PERHAPS EXCITING, THOUGH LESS DATA DRIVEN
18 KIND OF AN APPLICATION, BECAUSE SOME OF THESE ARE
19 LIKE TAKING A FLIER, BUT THERE'S SUCH A NEED FOR I
20 DON'T WANT TO HAVE THEM LOSE THE OPPORTUNITY TO COME
21 BACK AND PERHAPS TO BRING US SOME VERY EXCITING NEW
22 WAYS IN WHICH THEY CAN DO THEIR RESEARCH. SOMETIMES
23 WE FOCUS TOO MUCH ON HARD SCIENCE, WE SOMETIMES
24 DON'T GET THE OPPORTUNITY TO BE MORE PERHAPS
25 IMAGINATIVE AND ALSO TO TAKE MORE CHANCES.

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1 AND I THINK AT THIS POINT IN TIME, WE NEED
2 TO TAKE A LITTLE BIT OF A BIGGER CHANCE. SO THANK
3 YOU VERY MUCH. I APPRECIATE THE OPPORTUNITY TO MAKE
4 MY COMMENTS.

5 MR. TORRES: LET ME RESPOND TO YSABEL.
6 BOTH J.T. AND I MADE THOSE COMMENTS BEFORE THE
7 GRANTS WORKING GROUP WHERE THESE GRANTS WERE
8 REVIEWED, AND I WILL MAKE THEM AGAIN TODAY. WE'RE
9 GOING TO HAVE ANOTHER REVIEW IN MID-MAY OF OTHER
10 APPLICATIONS THAT HAVE COME IN AND WE STILL HAVE
11 MONEY LEFT. SO ANYONE IS WELCOME TO REAPPLY OR TO
12 APPLY NEWLY FOR THIS SECOND REVIEW THAT WE ARE GOING
13 TO PROCEED WITH. AND I'M SURE DR. SAMBRANO WILL
14 GIVE US THE UPDATE AS WE MOVE FORWARD. THANK YOU.

15 CHAIRMAN THOMAS: I'D LIKE TO ADD TO WHAT
16 SENATOR TORRES JUST SAID. WE'VE RECEIVED THE NEXT
17 ROUND OF APPLICATIONS ALREADY, ARE LIKELY TO RECEIVE
18 MORE FURTHER DOWN THE ROAD AS WE CONTINUE ALONG IN
19 THESE EMERGENCY SESSIONS. SO THERE DEFINITELY WILL
20 BE OPPORTUNITY.

21 MR. SHEEHY: THANK YOU. CAN WE NOW
22 PROCEED TO THE ROLL CALL?

23 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

24 DR. DULIEGE: YES.

25 MS. BONNEVILLE: YSABEL DURON.

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1 MS. DURON: YES.
2 MS. BONNEVILLE: DAVID HIGGINS.
3 DR. HIGGINS: YES.
4 MS. BONNEVILLE: STEPHEN JUELSGAARD.
5 MR. JUELSGAARD: YES.
6 MS. BONNEVILLE: DAVE MARTIN.
7 DR. MARTIN: (NO SOUND.) YES.
8 MS. BONNEVILLE: THUMBS UP. THANK YOU.
9 LAUREN MILLER.
10 MS. MILLER: YES.
11 MS. BONNEVILLE: ADRIANA PADILLA.
12 DR. PADILLA: YES.
13 MS. BONNEVILLE: JOE PANETTA.
14 MR. PANETTA: YES.
15 MS. BONNEVILLE: FRANCISCO PRIETO. ROBERT
16 QUINT.
17 DR. QUINT: YES.
18 MS. BONNEVILLE: AL ROWLETT.
19 MR. ROWLETT: YES.
20 MS. BONNEVILLE: JEFF SHEEHY.
21 MR. SHEEHY: YES.
22 MS. BONNEVILLE: OSWALD STEWARD.
23 DR. STEWARD: YES.
24 MS. BONNEVILLE: JONATHAN THOMAS.
25 CHAIRMAN THOMAS: YES.

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1 MS. BONNEVILLE: ART TORRES.

2 MR. TORRES: AYE.

3 MS. BONNEVILLE: MOTION CARRIES.

4 MR. SHEEHY: THANK YOU. NOW WE CAN EITHER
5 HAVE A MOTION TO APPROVE ALL THREE OF THE
6 APPLICATIONS IN THE FUNDABLE RANGE, OR WE CAN TAKE
7 THEM ONE BY ONE, WHATEVER THE DESIRE OF THE MOTION
8 MAKER IS.

9 MR. TORRES: I MOVE TO APPROVE ALL THREE.

10 MR. ROWLETT: I SECOND.

11 MR. SHEEHY: IS THERE ANY DISCUSSION FOR
12 THE BOARD?

13 MS. DURON: I DON'T SEE THE PLACE WHERE I
14 RAISE MY HAND. I'M CALLING OUT.

15 MR. SHEEHY: BE MY GUEST.

16 MS. DURON: THANK YOU VERY MUCH. I
17 APPRECIATE THE FOLLOW-UP LETTER WE GOT FROM CITY OF
18 HOPE TO DESCRIBE HOW IT PLANS TO REACH OUT TO MAKE
19 SURE THAT UNDERSERVED POPULATIONS ARE BEING
20 INCLUDED. I'M WONDERING IF THERE'S AN OPPORTUNITY
21 WHILE THEY'RE DOING IT OR IF THEY'RE GIVING US SOME
22 MIDTERM REPORT TO LET US KNOW HOW THAT IS GOING SO
23 THAT, IN FACT, THEY ARE MEETING, IN FACT, THEIR
24 GUARANTEE OF INCLUSION. CAN WE HAVE SOMETHING TO
25 THAT RESPECT, SOME KIND OF MIDTERM REPORT ABOUT HOW

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1 THEY'RE DOING IN TERMS OF MAKING SURE THAT THERE IS
2 INCLUSION?

3 MR. SHEEHY: PERHAPS WE CAN BRING DR. ZAIA
4 BACK ON THE LINE IF HE'S STILL AROUND. DR. ZAIA,
5 ARE YOU STILL HERE?

6 DR. ZAIA: YES. I WOULD PROPOSE TO MAKE
7 THAT A MILESTONE.

8 MR. SHEEHY: MAYBE, MS. DURON, THE WAY IN
9 WHICH WE TYPICALLY DO OUR GRANTS, THEY GET GO/NO-GO
10 MILESTONES AT VARIOUS POINTS, SO THESE ARE SERIOUS
11 REQUIREMENTS THAT APPLICANTS HAVE TO MAKE. IT'S
12 PART OF THE PLAN AND REALLY IT'S TIED TO THE ABILITY
13 TO ACCESS FURTHER FUNDING IN THEIR PROJECT. I DON'T
14 KNOW IF THAT FITS ALONG THE LINE. IS THAT A
15 REASONABLE SOLUTION?

16 MS. DURON: IT SOUNDS SO. SOMETIMES
17 VERBIAGE IS USED THAT I'M NOT NECESSARILY FAMILIAR
18 WITH, PARTICULARLY IN THE CONTEXT OF GRANTS AND
19 PROPOSALS. AND SO I LIKE THE WORD "MILESTONES," AND
20 I'M GLAD THAT WE'RE GOING TO BE ABLE -- THAT THE
21 CITY OF HOPE WILL MEASURE THAT. I'M VERY PLEASED
22 ABOUT THAT, BUT I'D LOVE TO SEE IT IN EVERY SINGLE
23 PROJECT IN TERMS OF PROPORTIONAL REPRESENTATION OF
24 UNDERSERVED COMMUNITIES NO MATTER WHO'S DOING THE
25 PROJECT. THANK YOU VERY MUCH, DR. ZAIA. I WISH YOU

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1 GOOD LUCK ON THIS.

2 MR. SHEEHY: AND MAYBE WE CAN HAVE SOMEONE
3 FROM GRANTS MANAGEMENT INTERFACE WITH YOU AND WITH
4 DR. ZAIA. LIKE I SAID, THEY'RE VERY ONEROUS. SO
5 THE WAY IN WHICH WE'VE EVOLVED IN MANAGING OUR
6 GRANTS IS TO HAVE VERY SPECIFIC MEASURABLE
7 MILESTONES AT POINTS DURING THE COURSE OF THE GRANT.
8 AND THOSE MILESTONES ARE LITERAL FUNDING MILESTONES,
9 AND YOU DON'T CONTINUE TO RECEIVE FUNDING IF THOSE
10 MILESTONES ARE NOT MET.

11 MS. DURON: VERY GOOD.

12 MR. SHEEHY: THEY'RE NOT SOFT. DR. MILLAN
13 OR DR. SAMBRANO OR MS. BONNEVILLE, IF ANY OF YOU
14 WANT TO KIND OF MAKE A COMMENT ON THAT.

15 DR. MILLAN: I THINK THAT THAT'S RIGHT,
16 JEFF. AND WE CAN ACTUALLY KIND OF MEET WITH YOU,
17 YSABEL, AND KIND OF GIVE YOU AN UNDERSTANDING OF THE
18 MILESTONES AND ALSO THIS PROGRAM. AND WE HOPE TO BE
19 ABLE TO GIVE UPDATES TO THE BOARD ALONG THE WAY AS
20 THESE PROGRAMS PROGRESS AS WELL. SO I THINK THAT
21 THERE WILL BE MANY OPPORTUNITIES, AND THE BOARD
22 MEMBERS ARE ALWAYS FREE TO ASK THE CIRM TEAM FOR
23 UPDATES AS WELL AS WELL AS ALL OF THE UPDATES WE
24 PROVIDE IN OUR PUBLIC REPORTS. THANK YOU.

25 MR. SHEEHY: THANK YOU.

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1 MS. DURON: THANK YOU, MARIA. I REALLY
2 APPRECIATE THAT SO THAT I CAN UNDERSTAND, BUT I
3 THINK IT'S CRUCIALLY IMPORTANT TO OUR APPLICANTS SO
4 THAT THEY RECOGNIZE THAT WE ARE REALLY INTERESTED,
5 THAT IT IS VERY IMPORTANT TO US TO MAKE SURE THAT
6 THERE WAS PROPORTIONAL REPRESENTATION IN RESEARCH OF
7 ALL OF OUR COMMUNITIES IN CALIFORNIA AND, OF COURSE,
8 OUR UNDERREPRESENTED RACIAL AND ETHNIC MINORITIES.
9 I'M LESS CONCERNED ABOUT MY EDUCATIONAL GROWTH, BUT
10 JUST WANT TO KNOW THAT THESE MILESTONES ARE IN THERE
11 FOR APPLICANTS. AND MAYBE THEY'RE ALREADY THERE IN
12 VERY STRONG LANGUAGE, BUT IT'S JUST SOMETHING THAT
13 IS REALLY CRUCIAL. SO THANK YOU. SOUNDING LIKE A
14 BROKEN RECORD, THANK YOU.

15 MR. SHEEHY: NO, PLEASE. I APPRECIATE IT.
16 THANK YOU.

17 ARE THERE ANY OTHER QUESTIONS FROM MEMBERS
18 OF THE BOARD? IS THERE ANY PUBLIC COMMENT ON THIS
19 MOTION? SEEING NONE, MARIA, WOULD YOU LIKE TO CALL
20 THE ROLL THEN.

21 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

22 DR. DULIEGE: YES.

23 MS. BONNEVILLE: YSABEL DURON.

24 MS. DURON: YES.

25 MS. BONNEVILLE: DAVID HIGGINS.

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1 DR. HIGGINS: YES.
2 MS. BONNEVILLE: STEPHEN JUELSGAARD.
3 MR. JUELSGAARD: YES.
4 MS. BONNEVILLE: DAVE MARTIN.
5 DR. MARTIN: (NO SOUND.) YES.
6 MS. BONNEVILLE: THUMBS UP. THANK YOU.
7 LAUREN MILLER.
8 MS. MILLER: YES.
9 MS. BONNEVILLE: ADRIANA PADILLA.
10 DR. PADILLA: YES.
11 MS. BONNEVILLE: JOE PANETTA.
12 MR. PANETTA: YES.
13 MS. BONNEVILLE: ROBERT QUINT.
14 DR. QUINT: YES.
15 MS. BONNEVILLE: AL ROWLETT.
16 MR. ROWLETT: YES.
17 MS. BONNEVILLE: JEFF SHEEHY.
18 MR. SHEEHY: YES.
19 MS. BONNEVILLE: OSWALD STEWARD.
20 DR. STEWARD: YES, EXCEPT FOR THOSE WITH
21 WHICH I AM IN CONFLICT.
22 MS. BONNEVILLE: JONATHAN THOMAS.
23 CHAIRMAN THOMAS: YES.
24 MS. BONNEVILLE: ART TORRES.
25 MR. TORRES: AYE.

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1 MS. BONNEVILLE: MOTION CARRIES.

2 MR. SHEEHY: THANK YOU, MS. BONNEVILLE.

3 THANK YOU TO THE COMMITTEE. I JUST WANT TO THANK
4 THE CIRM TEAM AND OUR REVIEWERS FOR MOVING ON THIS
5 SO RAPIDLY. AND I WANT TO THANK DR. ZAIA AND THE
6 TEAM AT CITY OF HOPE. I THINK THIS IS THE THERAPY
7 THAT WE HAVE POTENTIAL TO GETTING INTO PATIENTS
8 INCREDIBLY, INCREDIBLY RAPIDLY. LIKE ALL OF THE
9 THERAPIES PEOPLE ARE TALKING ABOUT RIGHT NOW, WE
10 DON'T KNOW IF THEY'LL WORK OR NOT, BUT THIS IS ONE
11 THAT CONTINUES TO SHOW AT LEAST SOME VIABLE PROMISE.

12 I WILL NOTE WE WILL NOT BE ACCEPTING
13 APPLICATIONS FOR INJECTION OF LYSOL OR CLOROX,
14 NOTWITHSTANDING OUR FEARLESS LEADER. THEY'RE NOT IN
15 SCOPE. ANYWAY, I WILL TURN IT BACK TO CHAIRMAN
16 THOMAS.

17 CHAIRMAN THOMAS: THANK YOU VERY MUCH, MR.
18 SHEEHY.

19 JUST WANT TO CONGRATULATE, ECHO WHAT MR.
20 SHEEHY SAID, CONGRATULATE ALL MEMBERS OF THE CIRM
21 TEAM, BOARD AND TEAM FOR GETTING THIS FIRST ROUND OF
22 FUNDING AND ALLOWING CIRM AND THE STATE OF
23 CALIFORNIA TO PLAY THEIR ROLE IN THIS WORLDWIDE
24 EFFORT TO COME UP WITH TREATMENTS FOR THIS DISEASE.
25 SO WE WILL BE BACK TO YOU WITH MORE ON OTHER

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1 PROJECTS AT SUBSEQUENT MEETINGS, BUT I WANTED TO
2 MAKE SURE THAT EVERYBODY, AS WE ALL DO, UNDERSTAND
3 THE GRAVITY AND SIGNIFICANCE OF THIS BOARD MEETING
4 IN CONNECTION WITH THIS CONDITION. SO THANK YOU,
5 EVERYBODY, VERY MUCH.

6 WE ARE NOW AT THE PART OF THE AGENDA FOR
7 PUBLIC COMMENTS ON ANY TOPIC OF YOUR CHOOSING. DO
8 WE HAVE ANY MEMBERS OF THE PUBLIC WHO WOULD LIKE TO
9 SPEAK ON ANY TOPIC?

10 HEARING NONE, I JUST WANT TO, IN ADDITION
11 TO DR. SAMBRANO AND MARIA, FOR ALL OF HELP IN
12 PULLING THIS ALTOGETHER. THANK YOU, TRICIA AND DOUG
13 FOR ALL OF YOUR HELP. THIS IS NOT AN EASY THING TO
14 PULL TOGETHER IN SHORT ORDER AND EVERYBODY WORKED AS
15 A GREAT TEAM TO MAKE IT HAPPEN. SO THANK YOU ALL.
16 WITH THAT, WE STAND ADJOURNED.

17 MS. BONNEVILLE: FOR THOSE OF YOU ON
18 APPLICATION REVIEW SUBCOMMITTEE, IF YOU COULD FILL
19 OUT THE POLL FOR THE WEEK OF MAY 11TH IF YOU HAVEN'T
20 ALREADY SO THAT WE CAN SCHEDULE OUR NEXT MEETING,
21 THAT WOULD BE LOVELY. THANK YOU, EVERYONE.

22 (THE MEETING WAS THEN CONCLUDED AT
23 11:47 A.M.)

24
25

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REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE PROCEEDINGS HELD VIA ZOOM BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE AND THE APPLICATION REVIEW SUBCOMMITTEE IN THE MATTER OF ITS EMERGENCY MEETING HELD ON APRIL 24, 2020, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

BETH C. DRAIN, CSR 7152
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